U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1926	2. Fiscal Year Covered From:
	1 / 1 / 2003 Through: 12 / 31 / 2003
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name James H Rankin	Name GlassMoldersPotteryPlastics&AlliedWorkers(GMF
	Labor Organization File Number LM 60020
Box, Bldg., Room No., if any P.O. Box 607	P.O. Box, Building and Room Number, if any P.O. Box 607
weet 608 E. Baltimore Pike	Street 608 E. Baltimore Pike
City Media	City Media
State Pennsylvania ZIP Code + 4 19063	State Pennsylvania ZIP Code + 4 19063
(except as specified in the except as specified	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organi	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
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Form LM-30 (2003)

Page 1 of 2

Telephone Number

Name ULLICO Inc. & Union Labor Life Ins.Co. (ULL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111 Massachusetts Avenue, NW City Washington State District of Columbia ZIP Code + 4 20001	a. Labor Organization b. Trust c. Employer
	11.a. Nature of such dealing.
If 9.b. or 9.c. is checked give trust or employer's name. I adde Name, if any: P.O. Box, Bldg., Room No., if any	GMP has insurance policies with ULL. Mr. Rankin is also insured under group policies issued to AFL-CIO by ULL for which premiums were paid. GMP has pension plan contracts with ULL
Street	11.b. Approximate dollar value of such dealing. \$265,585
City	12.a. Nature of interest held or income received.
	12.b. Amount. \$10,500
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	under parts A and B above) noney or other thing of value. 14.â. Nature of payment.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.